## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 9421615

## **Total Fee Calculation**

				_		•		
	Fee Code	Total # Claims	Number Extra	x	Fee	Fee	=	Total
	Sm./Lg.		•		Sm. Entity	Lg. Entity		h
Basic Filing Fee	201/101	ı i	•			160	<b>=</b>	140
Total Claims >20	203/103	10	-20 =	x	·	- D	=	001
Independent Claims >3	202/102	6	-3 = 5	x		7/8	=	254
Mult. Dep Claim Present	204/104				<del></del>	101	=	* -
Surcharge	205/105					100	=	130
English Translation	_139							
TOTAL FEE CALCULA	ATION							184
Fees due upon filing t	he application:							년 년 :
Total Filing Fees Due	= \$		by	_				
Less Filing Fees Subn	nitted -\$		<u> </u>					
BALANCE DUE	= \$		1124					
2 Has			•					•
Office of Initial Paten	t Examination							1